

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2009
NAME OF PROVIDER OR SUPPLIER LAMOILLE HOME HEALTH & HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 54 FARR AVENUE MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	Initial Comments An unannounced state designation survey was conducted between 1/12/09 and 1/14/09.	H 001	MAR 16 2009	
H1419 SS=D	14.4(g) Clinical Records XIV. Clinical Records 14.4 A home health agency's patient clinical records, whether written or electronic, shall contain at a minimum: (g) Written summary reports containing home health care services provided, the patient's status, recommendations for revision of the plan of treatment, and the need for initiation, continuation or termination of services; This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview the Agency failed to document recommendations for additional treatment in 1 of 10 client's clinical records. (Client #2) Findings include: 1. Per observation on 1/12/09, Client #2, who has chronic leg infections, had dried blood on the second small toenail. Client #2 stated "I cut them [the toenails] myself". Per record review, a PTA (physical therapy assistant) note dated 12/30/08, stated "client reports the nails to be cut on left foot, client would like to know if nursing from home health could perform nail cutting". Per interview on 1/14/09 at 1:00 PM, the Clinical Director stated that although the patient was called to discuss different options for the treatment, no documentation of the conversation or recommendations made were entered in the	H1419	What action will you take to correct the deficiency? In-house nurses will record all messages regarding patients in the electronic medical record. On-going What measures/systemic change will assure the deficient practice does not recur? During the month of 2/09 and periodically thereafter, office nurses will keep written logs of phone calls taken which will be compared to notes in the patient's electronic record to assure 100% compliance. 2/27/09 & periodically thereafter How will the corrective actions be monitored so the deficient practice does not recur? Ann Mallett, Executive Director, will monitor 1 and 2 and assure compliance. On-going Failure to document timely and accurately affects all patients/potentially affects all patients. Poc and 3/18/09	

Division of Licensing and Protection

Ann Mallett

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Executive Director

(X6) DATE

3/12/09

STATE FORM

6806

112P11

If continuation sheet 1 of 2

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H1419	Continued From page 1 clinical record. Per interview on 1/15/09, the Physical Therapist confirmed that the clinical record lacked recommendations, initiations of revisions for treatment, or any follow-up to address the client's need for nail cutting.	H1419		